

**REFERRAL FOR DRUG SCREENING AT THE ST LUCIE COUNTY DRUG LAB**

**BRING WITH YOU**

**Photo ID \* \$20 cash \* This Referral Sheet**

**(name)** \_\_\_\_\_

**(date of birth)** \_\_\_\_\_ **(social sec #)** \_\_\_\_\_

is to submit to a drug screen at the St. Lucie County Drug Lab on the following day and time:

- ☐ Monday **Time:** \_\_\_\_\_ am/pm
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday

**Lab Location**

St. Lucie County Drug Screening Lab  
218 S. 2<sup>nd</sup> Street, Room 228 (on the 2<sup>nd</sup> floor)  
Fort Pierce, Florida 34950  
Lab Hours:  
8:00am – 4:30pm Monday through Friday

**Screening Request** (check all that applies):

- |   |  |
|---|--|
| <input type="checkbox"/> Amphetamines   | <input type="checkbox"/> <b>Basic Panel</b> (Amphetamine, Barbiturates, Cocaine, Opiates, Alcohol, THC, Meth, PLUS CONTROLS)   |
| <input type="checkbox"/> Cannabinoid    |  |
| <input type="checkbox"/> Ethyl Alcohol  | <input type="checkbox"/> <b>Standard Panel</b> (Amphetamine, Barbiturates, Cocaine, Opiates, Alcohol, THC, Meth, Benzodiazepine, Oxycodone, PLUS CONTROLS)               |
| <input type="checkbox"/> Methadone      |  |
| <input type="checkbox"/> Oxycodone      | <input type="checkbox"/> <b>Full Panel</b> (Amphetamine, Barbiturates, Cocaine, Opiates, Alcohol, THC, Meth, Benzodiazepine, Oxycodone PCP, Propoxyphene, PLUS CONTROLS) |
| <input type="checkbox"/> Cocaine        |  |
| <input type="checkbox"/> PCP            |  |
| <input type="checkbox"/> Propoxyphene   |  |
| <input type="checkbox"/> Barbiturate    |  |
| <input type="checkbox"/> Opiates        |  |
| <input type="checkbox"/> Benzodiazepine |  |

**Observation Request:**

- ☐ Please observe this drug screen
- ☐ Please DO NOT observe this drug screen

**Please e-mail or fax results to:**

**(Name)** \_\_\_\_\_

**(email or fax#)** \_\_\_\_\_

**Referring Agency Billing Address:**

\_\_\_\_\_

\_\_\_\_\_

*You may fax this referral to 772-462-2368 or bring it to the lab in person*